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PTO/SB/05 (03-01) Approved for use through 10/31/2002. OMB 0651-0032

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## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. KB-4495 US NA

First Inventor Hanks

Title Fiber Reinforced Composite Sheathing for Storm Protection

ET284673755US Express Mail Label No. (Only for new nonprovisional applications under 37 C.F.R 1.53(b)) Assistant Commissioner for Patents APPLICATION ELEMENTS Box Patent Application Washington, DC 20231 ADDRESS TO: See MPEP chapter 600 concerning utility patent application contents. 7. CD-ROM or CD-R in duplicate, large table or Fee Transmittal Form (e.g., PTO/SB/17) 1. 🔯 Computer Program (Appendix) (Submit an original and a duplicate for fee processing) 8. Nucleotide and/or Amino Acid Sequence Submission Applicant claims small entity status. 2. (if applicable, all necessary) See 37 CFR 1.27. a. Computer Readable Form (CRF) [Total Pages 14 з. 🛛 Specification Specification Sequence Listing on: (preferred arrangement set forth below) i. CD-ROM or CD-R (2 copies); or - Descriptive title of the Invention - Cross Reference to Related Applications ii. 🔲 paper - Statement Regarding Fed sponsored R & D c. Statements verifying identity of above copies - Reference to sequence listing, a table, ACCOMPANYING APPLICATIONS PARTS or a computer program listing appendix - Background of the Invention Assignment Papers (cover sheet & document(s)) - Brief Summary of the Invention 9.  $\square$ - Brief Description of the Drawings ( if filed) 10. - Detailed Description (when there is an assignee) Attorney English Translation Document (if applicable) - Abstract of the Disclosure 11. 🔲 Copies of IDS Information Disclosure 12. 🔲 Drawing(s) (35 U.S.C.113) [Total Sheets 4. 🔲 Citations Statement (IDS)/PTO-1449 [Total Pages 5. Oath or Declaration **Preliminary Amendment** 13. 🔲 Newly executed (original or copy) Return Receipt Postcard (MPEP 503) 14. 🛛 Copy from a prior application (37 CFR 1.63 (d)) (Should be specifically itemized) (for a continuation/divisional with Box 18 completed) Certified Copy of Priority Document(s) 15. 🔲 (if foreign priority is claimed) i. DELETION OF INVENTOR(S) Nonpublication Request under 35 U.S.C. 122 Signed statement attached deleting inventor(s) 16. (b)(2)(B)(i). Applicant must attach form PTO/SB/35 named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). or its equivalent. 6. Application Data Sheet. See 37 CFR 1.76 Other: 17. 🔲 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation-in-part (CIP) of prior application No: \_ □ Divisional ☐ Continuation Group / Art Unit Examiner Prior application information: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Correspondence address below Customer Number or Bar Code Label 23906 PATENT TRADEMARK OFFICE Name Address Zip Code State City Fax Telephone Country 25,293 Registration No. (Attorney/Agent) Andrew G. Golian Name (Print/Type) 0412001 Date

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Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

740 (\$)

Complete if Known					
Application Number	Unknown				
Filing Date	15 October 2001				
First Named Inventor	Hanks				
Examiner Name	Unknown				
Group / Art Unit	Unknown				
Attament Desirat No.	KB-4495 US NA				

	METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)					
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Number		04-1928			Code	(\$)	Code	(\$)	· .	Fee Paid
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Code   (\$)   Code   (\$)   Code   (\$)   Fee Paid   121   280   221   140   Request for oral rearing   Request for oral rearing		-	Fee Description		ı					
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114 160 214 80 Provisional filling fee SUBTOTAL (1) (\$) 740			•	<del></del>	141	1,280				<u> </u>
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Dependent  Large Entity Small Entity  Fee Code (\$) Code (\$)  149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))  Fee Code (\$) Fee Fee Fee (\$) Code (\$)  103 18 203 9 Claims in excess of 20  102 84 202 42 Independent claims in excess of 3  104 280 204 140 Multiple dependent claims over original patent  ** Reissue independent claims over original patent  ** Reissue claims in excess of 20 and  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0	Multiple						246	370	Filing a submission after final rejection	
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SUBTOTAL (2) (\$) 0	110 18									1

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Andrew G Golian	Registration No Attorney/Agent)	25,293	Telephone	(302) 892-0747	
Signature	a la	wyolien		Date	O.412, 200'	

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, 10/18/2001 WD02021.000000SEN0000SEN0000ESCON0000SEN0000ESCON0000SEN00000SEN00000SEN00000SEN000000SEN000000SEN000